

**ND-1OF Individual Income Tax Declaration
for On-line Filing****2006**

Social Security Number		Social Security Number	
Taxpayer			
Spouse			
Street Address			
City	State	Zip	

Declaration Control Number (DCN)

00 _____ **7****Part I:
Tax Return
Information**
(Whole dollars only)

- | | |
|---|----------|
| 1. Adjusted gross income (from line D, Form ND-1) | 1. _____ |
| 2. Net tax liability (from line 27, Form ND-1) | 2. _____ |
| 3. North Dakota income tax withheld (from line 28, Form ND-1) | 3. _____ |
| 4. Refund (from line 35, Form ND-1) | 4. _____ |
| 5. Balance due (from line 39, Form ND-1) Submit with Form ND-1V | 5. _____ |

**Part II:
Direct
Deposit
Information**

Name of financial institution and branch name, if applicable _____

Routing transit number (RTN) _____

Depositor account number (DAN) _____

Type of account ☐ Savings ☐ Checking

**Part III:
Taxpayer
Declaration**

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my on-line service provider (OLSP), identified by the above declaration control number, and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2006 North Dakota individual income tax return. To the best of my knowledge and belief this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the North Dakota Office of State Tax Commissioner to disclose to my OLSP any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return.

Your Signature	Spouse's Signature	Date

An on-line filed North Dakota return is not considered true, accurate, and complete until the Office of State Tax Commissioner receives a corresponding Form ND-1OF signed by the taxpayer(s).

Within 24 hours of receiving an acknowledgement from your OLSP for the 2006 North Dakota PC on-line return, please ensure Part III of this declaration is signed and mail to:

**Electronic Filing Unit
Office of State Tax Commissioner
600 E Boulevard Ave, Dept. 127
Bismarck, ND 58505-0599**